

# Drugs and Diversity: Lesbian, gay, bisexual and transgender (LGBT) communities

## *Learning from the evidence*

### Introduction

This review is part of a wider programme of work undertaken by the UKDPC to provide an overview of the differing needs and challenges associated with drug use among diverse minority communities within the UK.

By bringing together a variety of evidence in one place we are seeking to encourage a broader view of the evidence and its implications, and to stimulate debate about how to respond to the varying patterns of use of different communities.

The government, local partnerships & commissioners and service providers have sought to address the challenges of a range of diverse groups over the years. This review has not sought to evaluate the impact these have made but rather to describe what is known about the current situation, to stimulate much-needed discussion of the issues, highlight gaps and to identify new areas for action.

It is important to note that lesbian, gay, bisexual and transgender (LGBT) people are not a homogeneous group but the published evidence often fails to distinguish between sub-groups or has a very narrow focus as one particular group. In particular, it should be noted that most of the evidence available in this review relates to gay men only.

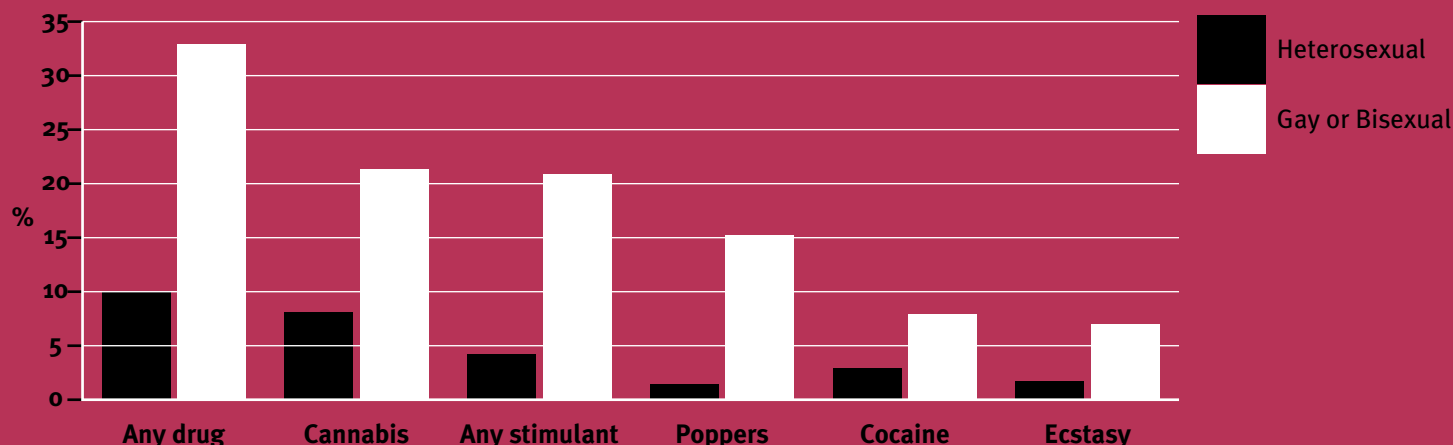
It was a common finding for all the reviews conducted as part of this project that the evidence was extremely limited and often of poor quality. Therefore the findings, although the best available, should be interpreted with caution.

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The full review on which this briefing is based:

- *The Impact of Drugs on Different Minority Groups: A Review of the UK Literature Part 2: Lesbian, Gay, Bisexual and Transgender Communities*
- Available at: [www.ukdpc.org.uk/reports.shtml](http://www.ukdpc.org.uk/reports.shtml)

Prevalence of last year drug use by sexuality, people aged 16 to 59 years, BCS 2007/08-08/09



## The extent and nature of drug use and associated problems

- Drug use among LGBT groups is higher than among their heterosexual counterparts, irrespective of gender or the different age distribution in the populations.
- Gay men report higher overall rates of use of drugs than lesbian women, largely due to higher rates of stimulant use, particularly amyl nitrite ('poppers').
- Cannabis is the most commonly used drug among lesbian women, with prevalence rates similar to those reported for gay men.
- 'Recreational' drug use is comparatively high among LGBT groups, which may lead to use of new drugs before they are widespread in the general population.
- LGBT people, particularly gay men, may also be at risk of misusing other drugs, such as steroids and Viagra.
- Some types of drug use may be associated with risky sexual behaviour, including exposure to HIV infection.
- Strong links have been reported between Viagra use and sexual risk, with Viagra used to counteract negative physical effects of other stimulant drugs.
- In addition to erectile dysfunction and sexually transmitted infections, stimulant drugs have been reported to impact on physical health, including cardiovascular problems.
- A study of gay men who used steroids highlighted a wide range of associated physical and mental problems.

### Implications for policy and practice

- Given the comparatively higher rates of drug use among LGBT communities, government policy and local commissioners need to address the needs of this group. The focus on problem heroin and crack use may have worked against this and any new drug strategies need to explicitly recognise LGBT needs.
- As 'early adopters' of new drugs LGBT communities may provide early warning of 'new' or emerging patterns of use and associated problems; appropriate data-gathering mechanisms are required to identify issues early.

### Evidence needs

Further information is needed about:

- how and when LGBT drug use causes problems and the overlap with alcohol use;
- the patterns and extent of drug use among different groups and associated problems *within* the LGBT community;
- the contexts in which drug use takes place and the reasons for use and the range of risk behaviours in order to inform prevention and harm reduction service provision.

The inclusion of a question on sexual orientation in the British Crime Survey (BCS) provides analysis opportunities; other national surveys could follow this lead. Longitudinal studies of pathways in and out of drug use are also needed.

## Drug treatment and prevention programmes

- Specific services for LGBT people have been developed, including ‘self-referral’ services (ie drop-in centres) and out-reach provision in a range of settings (such as nightclubs).
- Evidence is limited but suggests awareness and uptake of drug services are low given drug use levels in the population.
- Barriers to uptake include:
  - the absence of perceived problematic use;
  - perceptions that ‘mainstream’ drug services do not cater for the most commonly used drugs (such as GHB) within the community or understand the specific needs of LGBT people;
  - distance to specialist services in rural areas.
- Mainstream services often use a traditional definition of family that does not include same sex relationships and may unwittingly stigmatise or discriminate against family members of LGBT service users.
- Good practice in drug treatment is generally seen by the LGBT community to be non-judgmental and empowering, focused on the specific needs of the group.
- It is also characterised by provision of information and support on wider health and emotional well-being needs of LGBT people.
- Several studies suggested innovative ways of delivering information about drugs and services through community networks and other outlets like entertainment venues and making general use of LGBT services.
- Given the psychological harms and sexual risk behaviours associated with drug use, joint working between mental health and substance misuse services, and more consideration of substance use in sexual health services have been highlighted as necessary.

### ***Implications for policy and practice***

- There is a need to review how self help groups, including those concerned with substance misuse can be developed, focusing on community venues, community networks and how innovative social media approaches can be used to improve outcomes.
- Both LGBT-specific and mainstream services need to adapt to dealing with a wider variety of substances and the on-going emergence of new drugs; this has implications for local commissioning and resourcing, as well as the development of appropriate care.
- LGBT people can be found everywhere and, except in some urban areas, specialist LGBT services are not likely to be sustainable. Mainstream services need to provide appropriate help and support and have staff with the knowledge and skills developed to deliver improved services for LGBT groups.
- The introduction of a ‘kite-mark’ system for services demonstrating good practice could improve LGBT people’s confidence in services.
- Other services providing care (ie sexual health and mental health), need greater knowledge and understanding of LGBT specific substance use issues, to facilitate targeted prevention or referral to drug services as necessary.

### ***Evidence needs***

Further information is needed about:

- effective treatment models and pathways for some of the drugs commonly used by LGBT groups;
- the barriers to access to services, in particular among different LGBT groups and geographical areas.

Collection of data on sexuality in routine data collection from services is necessary to understand the extent to which services cater for LGBT people and their needs.

## Interaction with the police and criminal justice system (CJS)

- There is little evidence regarding the interaction between the LGBT community, the police and CJS in respect of drug problems.
- One study suggests the provision of drug treatment in prison is the main focus of interaction with the CJS; indeed that it may be the main source of drug treatment for gay men.
- Some evidence suggests that many LGBT users obtain drugs from within the community; as they do not purchase from outside dealers, they may not view the activity as being 'criminal'.
- Historically poor relations between LGBT groups and the police in relation to other associated issues (ie domestic violence, personal safety, and discrimination) may also present a barrier to interaction; proactive police initiatives may be required to overcome distrust.

### *Implications for policy and practice*

- The expansion of the number of new drugs that are controlled through the Misuse of Drugs Act has the potential to criminalise and increasingly marginalise many LGBT people because of their greater use and early adoption of new substances.

### *Evidence needs*

Further information is needed about:

- The extent and nature of LGBT people's interaction with the Police and criminal justice system in relation to drugs;
- Experiences of LGBT people's interaction with the police and CJS in relation to drugs (both in the community and custodial settings);
- The potential role of the police in signposting and providing access to drug treatment and support for LGBT groups.

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